



NEW HAMPSHIRE PARI-MUTUEL COMMISSION
78 REGIONAL DRIVE CONCORD, NH 03301
TELEPHONE: (603)-271-2158 FAX: (603) 271-3381

2007 SECONDARY GAME OPERATOR APPLICATION

Games of Chance Employer (Company Name): _____

Employer Authorized Official (Primary Operator) Signature: _____

Badge ID # if previously licensed through NH Pari-Mutuel Commission: _____

Applicant Job Type: ☐ Dealer ☐ Running a Roulette Wheel ☐ Handling Chips or ☐ Serving Beverages or Food

INSTRUCTIONS: All secondary game operators shall complete this application form and submit it to the Commission. "Secondary game operators" mean any persons other than a bona fide member of the charitable organization involved in dealing, running a roulette wheel, handling chips or serving beverages or food. Hand print or type an answer to every question. If a question does not apply to you, state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. All applicants are advised that this application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the denial, suspension or revocation of a license.

*** PLEASE ATTACH TO APPLICATION A COMPLETED CRIMINAL RECORD RELEASE AUTHORIZATION FORM AND 2 PHOTOGRAPHS THAT MEET PASSPORT STANDARDS ***

SECTION 1. PERSONAL INFORMATION

Name: _____ Social Security Number: _____ - _____ - _____
First Name Middle Name Last Name

Are you or have you ever been a bona fide member of any charitable organization(s)? ☐ Yes ☐ No

If "YES" list the organization(s) you are or were a bona fide member of: _____

Have you ever had a Gaming Permit in any other state or under any other name? ☐ Yes ☐ No

if "YES" list any states or Alias (nicknames, maiden name, other name changes, legal or otherwise) below.

Home Address: _____
Number of Street City State Zip Code

Mailing Address: _____
Post Office Box or Number of Street City State Zip Code

Date of Birth: _____ Place of Birth: _____
Month Day Year City State

Gender: ☐ Male ☐ Female Height: _____ Weight: _____ Hair: _____ Eye: _____

Scars, Tattoos, Distinguishing Marks or Other Characteristics: _____

Home Telephone: (____) _____

Business: (____) _____

Cell Phone: (____) _____

Passport # _____

Drivers License/State ID Number: _____
State Number

Issued by: _____

Are you a U.S Citizen? ☐ Yes ☐ No If "No" Country of Citizenship: _____

Alien Registration Number: _____ Passport Number: _____

SECTION 2. EMPLOYMENT HISTORY

1 List all employment activity, including periods of unemployment other than employment in the gaming or lottery industry for the last five (5) years. Please list the dates of employment, employer's name, supervisor's name, employer's address and telephone number and job title. The NH Pari-Mutuel Commission MAY contact any and all employers on your list. Use a separate sheet if necessary.

From Month/Year	To Month/Year	Name of Company	Address, City, State, Zip	Phone	Contact person

Revised 12/13/06

Date: _____ Applicants Initials: _____

2. Attach a list of all current or previous employment in New Hampshire or any other state in the gaming or lottery industry, including the dates of employment, employer's name, supervisor's name, employer's address and telephone number and job title. The NH Pari-Mutuel Commission MAY contact any and all employers on your list

From Month/Year	To Month/Year	Name of Company	Address, City, State, Zip	Phone	Contact person

SECTION 3. CRIMINAL HISTORY BACKGROUND

ITEM		Yes	No
A.	Have you ever been convicted of a felony or class A misdemeanor within the previous 10 years which has not been annulled by a court, or a class B misdemeanor within the past 5 years which has not been annulled by a court, or who has violated any statutes or rules governing charitable gaming in the past in this or any other state. (For purpose of this application, any person who has ever been found guilty of any criminal charge is deemed to have been convicted, whether the person had a trial, pleaded guilty, pleaded "Nolo Contendere" (No Contest), or was found guilty "in Absentia" (in absence)		
B.	Do you presently have charges pending against you for any crime, either misdemeanor or felony,		
C.	Are you presently out on parole, bail, probation or released from custody on your own recognizance related to any violations of the gaming industry or lottery industry? (Either reporting or non reporting)?		
D.	Have you ever been questioned about your participation in any crime or your participation in any gambling offense, drug offense, or crime of violence?		
E.	Have you ever been questioned about any violation of any Gaming rule or law?		
F.	Have you ever been refused or denied any work permit, license, or related approval to be involved in gaming, racing, wagering or had any such permit, license, or approval revoked or suspended?		
G.	Have you ever been prohibited from being present on the premises of any gaming or pari-mutuel wagering establishment?		

If you answered "YES" to ANY Questions above you must complete the following section (Use additional Sheets if necessary)

Item	Date	Charge or Incident	Arresting Agency	City, State, Zip	Disposition

***** CERTIFICATION *****

I, the undersigned applicant, certify, under the penalties of unsworn falsification pursuant to RSA 641:3, has filed with the Pari-Mutuel Commission an "application". In consideration of the assurance by the Commission that no vote on said "application" will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the state of New Hampshire, the Pari-Mutuel Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned's "application".

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: _____ Date: _____

Print Name: _____ Title: _____

In witness whereof, I have executed this release at _____, _____ State
on the _____ day of _____, 20____

Subscribed and sworn to before me the _____ day of _____, 20____

Signature: _____

Notary Public in and for the County of _____, State of _____, Expiration Date: _____

SEAL